



North Dakota Department of Health

Division of *Medical Marijuana*

Presentation as of April 26, 2019

(Presentation reflects changes made by the 2019 Legislative Session)

Legal Disclaimer

This presentation is intended to convey general information only and does not provide legal advice.

The contents should not be construed as legal advice.

Contact your attorney for advice on your specific circumstances and legal issues.

Marijuana is still illegal under the federal Controlled Substances Act



Importance of a well regulated program

Definitions

Health Care Provider

- ▶ A physician, a physician assistant, or an advanced practice registered nurse.

Qualifying Patient

- ▶ An individual who has been diagnosed by a health care provider as having a debilitating medical condition.

Designated Caregiver

- ▶ An individual who agrees to manage the well-being of a registered qualifying patient with respect to the qualifying patient's medical use of marijuana.

Registry Identification Card

- ▶ A document issued by the Department of Health which identifies an individual as a registered qualifying patient, registered designated caregiver, registered compassion center agent, or laboratory agent.

Health Care Provider

Physicians and Physician Assistants

- ▶ Includes physician and surgeon (M.D.) and osteopathic physician and surgeon (D.O.)
- ▶ Must be licensed through the North Dakota Board of Medicine
- ▶ License must be in good standing

Advanced Practice Registered Nurse

- ▶ Includes an APRN within one of the roles of certified nurse practitioner, certified registered nurse anesthetist, certified nurse midwife, or certified clinical nurse specialist
- ▶ Must be licensed through the North Dakota Board of Nursing
- ▶ License must be in good standing

Debilitating Medical Conditions (26)

- ▶ Agitation of Alzheimer's disease or related dementia
- ▶ AIDS
- ▶ Amyotrophic lateral sclerosis (ALS)
- ▶ Anorexia nervosa
- ▶ Anxiety disorder
- ▶ Autism spectrum disorder
- ▶ A brain injury
- ▶ Bulimia nervosa
- ▶ Cancer
- ▶ Crohn's disease
- ▶ Decompensated cirrhosis caused by hepatitis C
- ▶ Ehlers-Danlos syndrome
- ▶ Endometriosis
- ▶ Epilepsy
- ▶ Fibromyalgia
- ▶ Glaucoma
- ▶ HIV
- ▶ Interstitial cystitis

Medical Conditions (end)

- ▶ Migraine
- ▶ Neuropathy
- ▶ Posttraumatic stress disorder (PTSD)
- ▶ Rheumatoid arthritis
- ▶ Spinal stenosis or chronic back pain with objective neurological indication of intractable spasticity
- ▶ A terminal illness
- ▶ Tourette syndrome
- ▶ A chronic or debilitating disease or medical condition or treatment for such disease that produces
 - ❑ Cachexia or wasting syndrome
 - ❑ Severe debilitating pain that has not responded to previously prescribed medication or surgical measures for more than three months or for which other treatment options produced serious side effects
 - ❑ Intractable nausea
 - ❑ Seizures, or
 - ❑ Severe and persistent muscle spasms, including those characteristic of multiple sclerosis

NO Prescriptions - Written Certification

Individual must obtain a written certification from their health care provider who must be licensed in North Dakota and have a license in good standing.

- ▶ Health care provider states the patient has a debilitating medical condition.
- ▶ Attestation that the written certification is made in the course of a bona fide provider-patient relationship.

Written Certification

- ▶ For a patient with the medical condition of cancer, the health care provider may authorize an enhanced amount for dried leaves and flower (6 ounces in a 30 day period compared to 2.5 ounces).
- ▶ State law does not require a health care provider to provide a written certification or otherwise recommend marijuana to a patient.

Bona Fide Provider-Patient Relationship

- ▶ Health Care Provider has created, maintained and reviewed the patient's relevant medical records
- ▶ Health Care Provider has completed a full assessment of the patient's medical history and current medical condition.
- ▶ Patient has had an in-person medical evaluation of the patient.
- ▶ Health Care Provider continues care for the patient and their debilitating medical condition that qualified them for the Medical Marijuana Program.
- ▶ Health Care Provider has a reasonable expectation for follow up care regarding the medical use of marijuana as a treatment of the patient's debilitating medical condition.
- ▶ Provider-Patient relationship is NOT for the sole purpose of providing a written certification for the medical use of marijuana.



Written Certification Process Overview

Patient **talks** with their health care provider and then starts a patient application via the ND Medical Marijuana registration system.

As part of the patient application, the patient enters the **name** and **email address** of the health care provider.

The health care provider receives a notification via email that they are requested to complete a written certification for the patient.

Via the registration system, the health care provider completes the written certification.

The registration system links the written certification to the patient application. The Division of Medical Marijuana **reviews** the application.

The patient is **issued a registry ID card** if approved.



Division of Medical Marijuana - Homepage (ndhealth.gov/mm)

[Fiscal & Operations](#) [Human Resources](#) [Medical Marijuana](#) [Public Information](#) [Vital Records](#)

Program Information

[Common Definitions and FAQs](#)

[Presentations and Annual Reports](#)

New [Status Updates and Press Releases](#)

[State Laws, Administrative Rules and Attorney General's Opinion](#)

[User Guide and Forms](#)

General Information

[Contact Us](#)

[Security Policy](#)

[Disclaimer](#)

FEEDBACK

Please give us feedback about
your experience with the
North Dakota Department of Health



Division of Medical Marijuana

ND Medical Marijuana Registration Portal



Patients
(19 years and older)



Minor Patients
(Under 19 years old)



**Designated
Caregivers**



Health Care Providers

[Sign In or Create an Account](#)

Health Care Providers Button

Fiscal & Operations Human Resources Medical Marijuana Public Information Vital Records

Program Information

- [Common Definitions and FAQs](#)
- [Presentations and Annual Reports](#)
- [New Status Updates and Press Releases](#)
- [State Laws, Administrative Rules and Attorney General's Opinion](#)
- [User Guide and Forms](#)

General Information

- [Contact Us](#)
- [Security Policy](#)
- [Disclaimer](#)

FEEDBACK

ND Medical Marijuana Healthcare Provider Information

[Certification Overview](#)

[Written Certification Video Tutorial](#)

[Frequently Asked Questions](#)

[Create New Account Tutorial](#)

[Sign In or Create an Account](#)

It is recommended that you use Google Chrome when logging into and completing information in the registration system. If the page or information will not load using a different browser, please attempt to login using Google Chrome.

NOTE: If you have difficulty accessing the PDF forms above, please verify you have a current version of Adobe Reader installed on your computer. We also strongly recommend the use of the Internet Explorer 11 as your browser. The Microsoft Edge browser is not supported at this time. We do have browser instructions for Chrome and Firefox at <https://www.nd.gov/eforms/>. You may also right-click the form link and choose Save Link As to save, complete and print the form.

Email notification from the system

From: <ndmmp@biotrackthc.com>

Date: Thu, Dec 13, 2018 at 1:33 PM

Subject: Application Request through the North Dakota Division of Medical Marijuana

To: <doctorzztest@gmail.com>



Hi Doctor ZZTest.

This email is to notify you that you have received a request from William ZZTest to complete a written certification as part of their application for a registry identification card for the North Dakota Medical Marijuana Program.

If you have any questions regarding this notification, please contact the North Dakota Division of Medical Marijuana at 701.328.1311 or via email at medmarijuana@nd.gov. If you have no further questions and would like to proceed, you may use the link below to access the system and complete the written certification. If you have already created an account, you may login with your username and password. If you have not yet created an account, you will be prompted to do so prior to completing the written certification. Click the following link to access the written certification request: [Pending Applications](#).

If you believe you have received this email in error, please notify the Division of Medical Marijuana at 701.328.1311 and delete this email.

This email is an automated notification, which is unable to receive replies. The Division of Medical Marijuana is happy to help you with any questions or concerns you may have. Please contact the Division directly at 701.328.1311 or medmarijuana@nd.gov

Health Care Provider Account Registration

To set up an account - enter email and create password

- Email address must match the email address you give patient's to enter on their application.

Information to input when registering (one time)

- Health Care Facility name, address, and phone number
- Your name, number, email address, professional license number, and specialty (drop down boxes)
- Electronically sign

Video Tutorials: <https://www.ndhealth.gov/MM/providers.aspx>

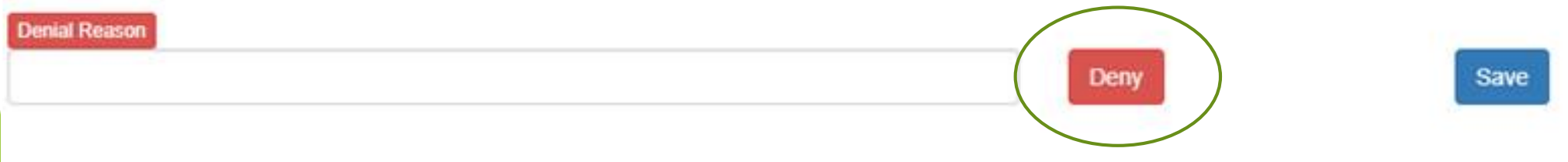
Information is confidential

Health Care Provider Pending Applications List

Health care providers can click on the patient's name to go directly into the written certification form.

NEW FEATURE - a button has been added to deny a request from a patient to complete a written certification. When clicking “Deny,” the system will ask for confirmation. Once confirmed, the application will be removed from the health care provider's pending application list.

- ▶ The health care provider's name and email will be removed from the patient application.



The screenshot shows a web form with a red header labeled "Denial Reason". Below the header is a long, empty text input field. To the right of the input field is a red button labeled "Deny", which is circled in green. Further to the right is a blue button labeled "Save".

Information on Written Certification

1. Health care provider information

- Will auto populate if you registered an account
- If no account, will need to enter the information each time when completing a written certification.

Written Certification

This section will be completed by the patient's health care provider

Health Care Provider Information

Last Name

Suffix

First Name

Middle Name

Practice Location Address

Address

County

State

City

ZIP Code

Primary Phone

Secondary Phone

Email Address

Health Care Provider's North Dakota Professional License Number

Health Care Provider's Medical or Nursing Specialty

Information on Written Certification

2. Patients debilitating medical condition
 - List of conditions (may select more than one)
 - Text box for additional comments

3. How long is the written certification valid?
 - Select “One year (or longer)” or “Less than one year”
 - If less than one year, enter a specific date.
 - If less than one year, the patient will have to re-apply (pay fee and get a new written certification) after the date indicated.

Debilitating Medical Condition

Identify the debilitating medical condition of the patient (check all that apply)

- | | |
|---|---|
| <input checked="" type="checkbox"/> A Terminal Illness | <input type="checkbox"/> Interstitial cystitis |
| <input type="checkbox"/> Acquired Immune Deficiency Syndrome | <input type="checkbox"/> Migraine |
| <input type="checkbox"/> Agitation of Alzheimer's Disease or related Dementia | <input type="checkbox"/> Neuropathy |
| <input type="checkbox"/> Amyotrophic Lateral Sclerosis | <input type="checkbox"/> Positive status for Human Immunodeficiency Virus |
| <input type="checkbox"/> Anxiety Disorder | <input checked="" type="checkbox"/> Post-traumatic Stress Disorder |
| <input type="checkbox"/> Anorexia nervosa | <input type="checkbox"/> Rheumatoid Arthritis |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Spinal Stenosis or Chronic Back Pain, including Neuropathy or damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity |
| <input type="checkbox"/> Brain Injury | <input type="checkbox"/> Tourette Syndrome |
| <input type="checkbox"/> Bulimia nervosa | <input type="checkbox"/> Chronic or debilitating disease or medical condition or its treatment that produces one or more of the following: |
| <input checked="" type="checkbox"/> Cancer | <input type="checkbox"/> Cachexia or Wasting Syndrome |
| <input type="checkbox"/> Crohn's disease | <input type="checkbox"/> Intractable Nausea |
| <input type="checkbox"/> Decompensated Cirrhosis caused by Hepatitis C | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Ehlers-Danlos syndrome | <input type="checkbox"/> Severe debilitating pain that has not responded to previously prescribed medication or surgical measures for more than three months or for which other treatment options produced serious side effects |
| <input type="checkbox"/> Endometriosis | <input type="checkbox"/> Severe and persistent muscle spasms, including those characteristic of Multiple Sclerosis |
| <input type="checkbox"/> Epilepsy | |
| <input type="checkbox"/> Fibromyalgia | |
| <input type="checkbox"/> Glaucoma | |

How long is this written certification valid?

- ☒ One year (or longer) ☐ Less than one year

If less than one year, what is the date of expiration

MM-DD-YYYY

Additional comments pertaining to the patients qualifying condition

Information on Written Certification

4. Health care provider attestation and electronic signature

Health Care Provider Attestation

☐ This certification is made in the course of a bona fide provider-patient relationship as defined in NDCC 19-24.1 (3).

☐ I completed an assessment of the patient's current medical condition, including presenting symptoms related to the debilitating medical condition I diagnosed or confirmed.

☐ By checking this box and typing my name below, I am electronically signing my application. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

First Name

Middle Initial

Last Name

Date

MM-DD-YYYY

By providing my electronic signature, I hereby certify and affirm all information contained in this Written Certification is true and correct. I understand providing false information is a violation of North Dakota state laws and is grounds for denial of an application or renewal for a registry identification card under the North Dakota Medical Marijuana Program.

Rescinding Written Certification

A health care provider can notify the Division in writing (email) if:

- The registered qualifying patient no longer has the debilitating medical condition that qualified them for the program.
- A bona fide provider-patient relationship ceases to exist.

Medical Release of Information

Mandatory requirement within the patient application

- ▶ Related to the patient's debilitating medical condition

Health care provider and qualifying patient information is confidential under the state laws for the program.

Protections Included in State Law

A health care provider is not subject to arrest or prosecution or the denial of any right or privilege, including a civil penalty or disciplinary action by a court or occupational or professional regulating entity:

- ▶ Solely for providing a written certification or for stating in the health care provider's professional opinion a patient is likely to receive therapeutic or palliative benefit from the medical use of usable marijuana to treat or alleviate the patient's debilitating medical condition; or
- ▶ For refusing to provide a written certification or a statement.

Does not release a health care provider from the duty to exercise a professional standard of care for evaluating or treating a patient's medical condition.

Adverse Events

Incidents involving overdose or adverse reactions are to be reported to the Department by registered qualifying patients, registered designated caregiver, agents, law enforcement, health care professionals, emergency medical services professionals, and emergency department personnel at a health care facility.

- ▶ “Adverse reaction” means an unwanted, unexpected, or dangerous effect caused by the administration of usable marijuana dispensed under the Medical Marijuana Program.

Adverse Reaction Report

Fiscal & Operations Human Resources Medical Marijuana Public Information Vital Records

Program Information

[Common Definitions and FAQs](#)

[Presentations and Annual Reports](#)

[New Status Updates and Press Releases](#)

[State Laws, Administrative Rules and Attorney General's Opinion](#)

[User Guide and Forms](#)

General Information

[Contact Us](#)

[Security Policy](#)

[Disclaimer](#)

User Guides

- [User Guides to Compliance Testing](#)
- [Types of Usable Marijuana](#)

Forms

- [Law Enforcement Incident Reporting](#)
- [Adverse Event Reporting](#)

Types of Usable Marijuana

Usable Marijuana

Not
for
minors

Dried Leaves &
Flowers

Medical Marijuana
Products

Cannabinoid
Concentrate or
Extract

Medical
Cannabinoid
Products

Solutions

Topicals

Capsules

Transdermal
patches

Max
50 mg
THC per
serving

Max 50
mg THC
per
serving

Max 6%
THC
per
serving

Not for Minors! (under 19)

**Products with >6% THC*

**Smokable form*

Maximum purchase amounts per 30
days:

**2.5 ounces total—dried leaves and flowers;
and*

**4000 mg THC total—other products
(up to 6 ounces of dried leaves and flowers may
be authorized for patients with a medical
condition of cancer)*

Registry Identification Cards



Registered Qualifying Patient

- Qualifying Medical Condition
- Written Certification from Health Care Provider
- Application Fee - \$50/year (fee may be waived for minor)



Registered Designated Caregiver

- 21 years of age
- Passed a Criminal History Record Check
- Patient(s) they are caring for registered with state
- Application Fee - \$50/year



Compassion Center or Lab Agent

- 21 years of age
- Passed a Criminal History Record Check
- Application Fee - \$200/year (lab agent, fee waived)

Front Side

NORTH DAKOTA MEDICAL MARIJUANA



PATIENT
NAME: John ZZTest
DATE OF ISSUE: 04-25-2019
DATE OF EXPIRATION: 02-13-2020
ID NUMBER: G372G6YWL2
DRIED LEAVES AND FLOWER: Standard



SAMPLE

Back Side

NORTH DAKOTA MEDICAL MARIJUANA

PATIENT

If found or to verify card, contact the Division of Medical Marijuana at (701) 328-1311.

Counterfeiting, replicating, alteration or misuse of this card is prohibited by law. Use or possession of this card by any person other than the intended cardholder is unlawful.



G 3 7 2 G 6 Y W L 2



Dried Leaves/Flower Possession Limits:
No = 0.0 oz
Standard = 3.0 oz
Enhanced = 7.5 oz

Compassion Centers



2 Manufacturing Facilities

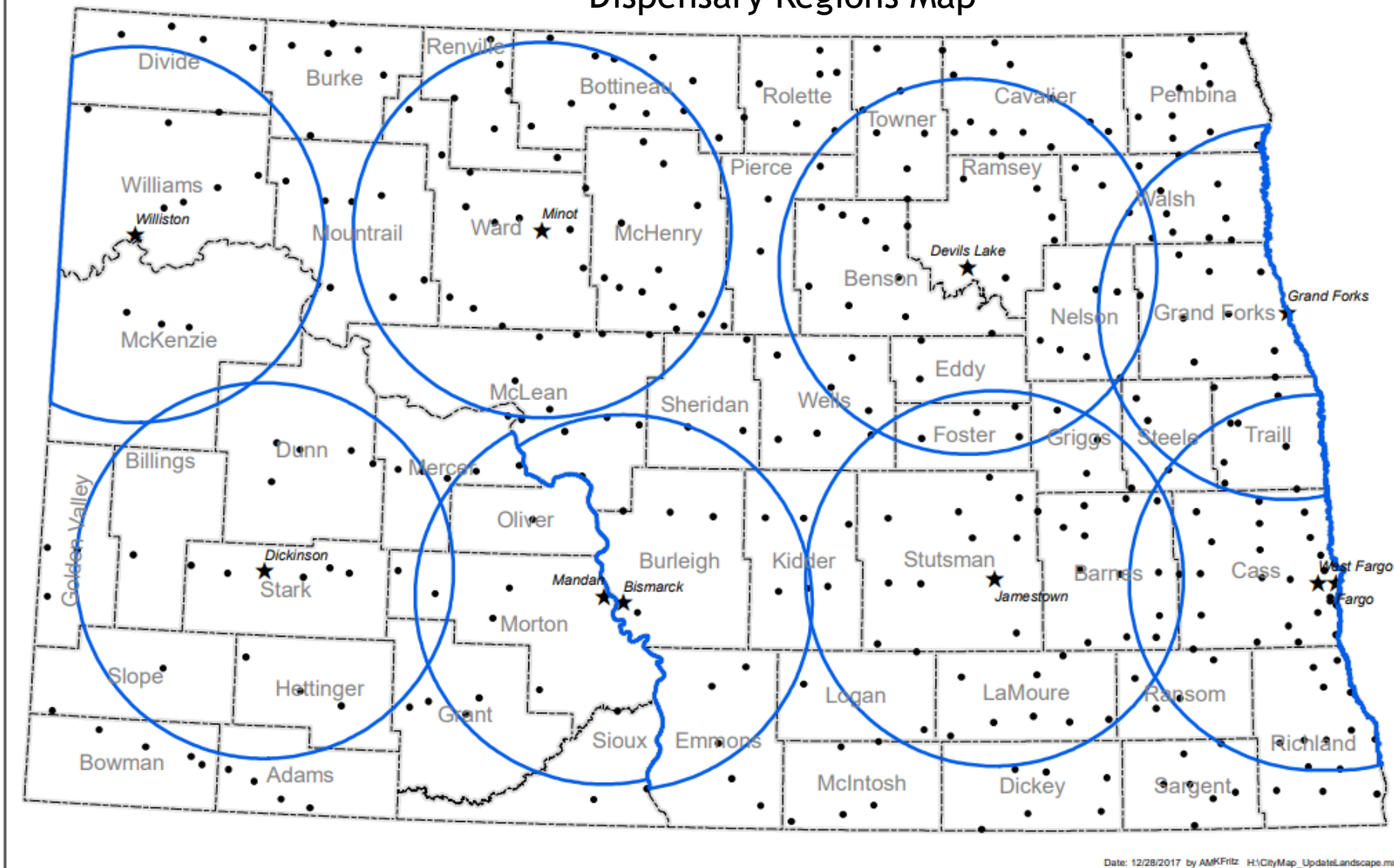
- Grow to meet patient demand
- Growers, Producers, Processors
- \$110,000/2 years for registration
- Located in Bismarck and Fargo

8 Dispensaries

- 3,500 ounce limit
- Patient Educators
- \$90,000/2 years for registration
- 8 regions
 - Fargo open; other 7 regions have entities moving forward in the registration process



Dispensary Regions Map



50-mile Radius
Around Identified
Communities

- 50-mile radius
- ★ Major Community
- Populated Place
- County Boundary

 NORTH DAKOTA
DEPARTMENT of HEALTH



Date: 12/28/2017 by AMKFritz H:\CityMap_Update\Landscape.mxd

Keeping up on program information

www.ndhealth.gov/MM/

Registration Portal

Health Care Provider Button

Common Definition/FAQs

State Laws and Rules

Status Updates

Adverse Event Report

Dispensary & Region Map

Subscribe/Unsubscribe to Updates Button